| | • | | | | - | | |
|---|--|-------------|----------------------------|--|--------------------------------|--|--|
| No. 2 | DEPARTMENT OF COMMERCE | | | BOARD OF HEALTH | | | |
| -1-4- /1 04-7-1 | SEP 17 OF 1941 ENSUS | ST | ANDARD CERTI | FICATE OF DEATH State File No | 90000 | | |
| 5-17-17-1 | SEP 11 10-FF | | THE CENT | | ~0798 | | |
| I X26390 | Registration District No. 791 Primary Registration Dist | | | atrict No | 6590_ | | |
| , 11 | Registration District No | | | KINCE NO | C)CN/C/ | | |
| <u> </u> | 1. PLACE OF DEATH: | | | 2. USUAL RESIDENCE OF DECEASED: | 000 | | |
| ' - | <u></u> | | | 11 | טעט | | |
| | MIM-SFP 17 1045 | Y3 - | | Missouri (b) County | // | | |
| RECORD | b) City or fown 1 1 34 St Louis | | | (c) City of town St Louis | 219 | | |
| Ö | (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: | | | (c) City or town. ST LOUIS (If outside city or town limits, write "F | | | |
| ₩ 1 | | er G Ph | illine | II 3420 Tembon | TOTAL , | | |
| - 11 | (If not in bendied or institution | | umber or fication) | II (d) Street No. | ****************************** | | |
| | (If not in hospital or institution | | 17 days | (If rural, give location) | | | |
| 윱비 | (c) Length of stay. In hospital of the | 5tit 411011 | (Specify whether | (e) Citizen of foreign country? | (Yes or No) | | |
| Z | In this community Life O | | | | -0 | | |
| <u> </u> | years, months or days) | | | If yes, name country | | | |
| PERMANENT | | | | MEDICAL CERTIFICATION | | | |
| | 3. (a) PRINT Bet | ty Jean | Williams |]] | . в | | |
| 13 | | | | 20. DATE OF DEATH, Month August day | | | |
| < □ | 3. (b) If veteran, 3. (c) Social Security | | | II 9049 0.20 | P_M. | | |
| ㅂ | name war Nil | | No. Nil | II | ure | | |
| 2 | name war | | | 21. I hereby certify that I attended the deceased from | | | |
| INK-MAKE | 5. Color or race Col. 6. (a) Single, widowed, married, of divorced Child 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years | | | July 22 1941 to August | 8 19 41 | | |
| 7 1 | | | | | | | |
| ايا | | | | that I last saw h er alive on August | 81941 | | |
| | | | | and that death occurred on the date and hour stated above. | Duration | | |
| | | | | Immediate cause of death | | | |
| X | | | | Pulmonary Tuberculosis 3 | 2 mos | | |
| 2 | 7. Birth date of deceased March 8, 1935 (Day) (Year) | | | . | | | |
| BLACK | (1470) | 1611) | (Day) (100) | . tale | | | |
| | 8. AGE: Years Months | Days | If less than one day | Due to | | | |
| ن | 0. 11021 | - "," | | · · · · · · · · · · · · · · · · · | | | |
| Z | 6 5 | 1 0 | hrmin. | | | | |
| UNFADING | | <u>'</u> | ^ | Due to | | | |
| | 9. Birthplace St. Louis | | Missouri () | . ₹ <i>6</i> 5 ₩ | | | |
| Ž | (City, town, or co | unty) | (State or foreign country) | 1 / / | | | |
| | 10. Usual occupation Schoolgirl | | | Other conditions | | | |
| -USE | , | . 5 | | (tuctons backuring) attention or mentaly | | | |
| 5 1 | 11. Industry or business | | | . | PHYSICIAN | | |
| | 質(Jesse Will: | om e | | Major findings: 1 | | | |
| <u> </u> | ∰∫ 12. Name Josse Williams | | | 0.00 | Underline the cause to | | |
| 17 | 13. Birthplace | | Mississippi/ | . l | which death | | |
| 1 | (City, town, or o | ounty) | (State or foreign country) | Of autopsy | ehould be | | |
| 3 1 | 14. Malden name Birther Guest | | | | charged sta- tistically. | | |
| 죠 | 图 Mississippi/ | | | | ILIBEICALLY. | | |
| 臼 | 15. Birthplace (City, town, or county) (State or foreign country) | | | 22. If death was due to external causes, fill in the following: | | | |
| Ŧ | Dielle Wille | | | (a) Accident, suicide, or homicide (specify) | | | |
| VRITE PLAINLY- | | | | (b) Date of occurrence | | | |
| ≱ | (b) Address 3671a Market St. | | | ``` | | | |
| | 17. (a)Burial (b) Date thereof 8/13/41 | | | (City or town) (County) (State) | | | |
| 1 | (Burial, gramation, or removal) (Month) (Day) (Year) | | | (City or town) (County) (State) (d) Did injury occur in or about home. on farm, in industrial place, in public place? | | | |
| | (c) Place: burial or cremation | ashing | on Park Com. | · · | | | |
| | · · · | WW. | William 12 | (Specify type of place) While at work? (e) Means of injury. | | | |
| | 18. (a) Signature of funeral director. | 24/2 | | While at work? Means of injury | | | |
| | (b) Address 3- 170 a | elleg | 45 COUNTS | w roserstry) w D | I. D. or other) | | |
| | The sound of the sound | | | 23. Signature | 2 2 43 | | |
| | 19. (a) (b) (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | | | Address Da | ite_signed8=9=41 | | |
| | (liance d Paula) and S | | | tetement on Reverse Side) | - | | |
| (Licensed Embalmer's Statement on Reverse Side) | | | | | | | |

STATEMENT BY LICENSED EMBALMER

Licensed Embalmer No.

| • | | * | | , |
|---|------------------|-------------------------|-----------------------------------|---------|
| I hereby certify that the body whose name | e is recorded or | the reverse side of thi | is certificate was embalmed by me | , or by |
| · | - |) z | Registered Apprentice No | ••••• |
| working under my personal supervision. | • | | melo | ·/ |
| · | | Sinnad | Hillian | |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.